PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

Application or Docket Number

09/539521

CLAIMS AS FILED - PART I						SMALL ENTITY			OTHER THAN		
		· · · · · · · · · · · · · · · · · · ·	(Column 1)			(Column 2) NUMBER EXTRA		TYPE		SMALL	ENTITY
FOR		N	UMBE	RFILED			RATE	FEE] }	RATE	FEE
BASIC FEE		in the				STATE A	345.00	OR	i de la	690.00	
то	TAL CLAIMS		minus 20= *				X\$ 9=	·	OR	X\$18=	
IND	EPENDENT CL	AIMS	minus 3 = *			, <u></u>			OR	X78=	
ΜŪ	LTIPLE DEPENI	DENT CL	AIM PF	RESENT	,		+130=	1	OR	+260=	
• If	the difference	in colum	n 1 is i	less than ze	ero, enter "0" ir	column 2	TOTAL	 	OR	TOTAL	
	CI	LAIMS A	AS A	MENDED	- PART II	•	_ · · · ·		'	OTHER	THAN
		(Colum	n 1)		(Column 2)	(Column 3)	SMALL		OR	SMALL	ENTITY
ENT A		CLAIM REMAIN AFTE AMENDM	NING R		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total			Minus .	**	= .	X\$ 9=		OR	X\$18=	
AMENDMENT	Independent	*		Minus	***	=	X39=		OR	X78=	
•	FIRST PRESE	NTATION	OF MI	ULTIPLE DEI	PENDENT CLAI	М	+130=		OR	+260=	
							TOTAL			TOTAL	
	•						ADDIT, FEE		1 _ , ,	ADDIT. FEE	
ĺ		(Colue	nn 11		(Column 2)	(Column 3)					
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ENT B		CLAIN REMAIN AFTE	MS NING ER			PRESENT	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDMENT B	Total	CLAIN REMAIN AFTE	MS NING ER	Minus	HIGHEST NUMBER PREVIOUSLY	PRESENT	RATE X\$ 9=	TIONAL	OR	RATE X\$18=	ADDI- TIONAL
AMENDMENT B	Total Independent	CLAIM REMAIN AFTE AMENDM	MS NING ER MENT	Minus	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		TIONAL	OR OR		ADDI- TIONAL
AMENDMENT B	Total Independent	CLAIM REMAIN AFTE AMENDM	MS NING ER MENT	Minus	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	X\$ 9= X39=	TIONAL	OR	X\$18= X78=	ADDI- TIONAL
AMENDMENT B	Total Independent	CLAIM REMAIN AFTE AMENDM	MS NING ER MENT	Minus	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	X\$ 9= X39= +130=	TIONAL	OR OR	X\$18= X78= +260=	ADDI- TIONAL FEE
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AMENDMENT C	Total Independent FIRST PRESE Total Independent FIRST PRESE	CLAIM REMAIN AFTE AMENDM * * COOLUM CLAIM REMAIN AFTE AMENDM * * ENTATION	MS NING ER MENT OF MI NING ER MENT	Minus ULTIPLE DE Minus Minus ULTIPLE DE	HIGHEST NUMBER PREVIOUSLY PAID FOR ** *** PENDENT CLA (Column 2) HIGHEST NUMBER PREVIOUSLY PAID FOR ** ** PENDENT CLA umn 2, write "0" in its SPACE is less	PRESENT EXTRA = = IM (Column 3) PRESENT EXTRA = = IM column 3. than 20, enter "20."	X\$ 9= X39= +130= TOTAL ADDIT. FEE RATE X\$ 9= X39= +130=	ADDI- TIONAL FEE	OR OR OR	X\$18= X78= +260= TOTAL ADDIT FEE RATE X\$18= X78=	ADDI- TIONAL FEE ADDI- TIONAL FEE

This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09/53952/

FORM OIPE-RAM-01 (Rev. 12/97)

Total Fee Calculation

	For Code	Taul #Claus.	Stamber Exten	N	For	Fo:	Total
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Tatal Claims >20	20000	-20	· :	-			·——
Independent Claim: >)	2010:		;	· _	·		
	204/104	•					
Surcharge	205/105			_			
English Translation	1111	>					130.00
TOTAL FEE CALCULA	TION						130.00 820.00
Fees due upon filing th	e application				·		
Total Filipg Fees Due =	·	820.	00		O_{α}	,	-
Less Filing Fees Submi	ned - \$	690.0	7		Chigh	ih Ma	led
BALANCE DUE Office of Initial Palent E	= S	130.N				11/100	
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